

B2100B (Form 2100B) (12/15)

**UNITED STATES BANKRUPTCY COURT
FOR THE Main District of NEW JERSEY**

IN RE:

SHAMSUN N HELALY

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**CASE NO.
18-24293-MBK
Chapter 13**

NOTICE OF TRANSFER OF CLAIM OTHER THAN FOR SECURITY

Claim Number **5** was filed or deemed filed under 11 U.S.C. § 1111(a) in this case by the alleged transferor. As evidence of the transfer of that claim, the transferee filed a Transfer of Claim Other than for Security in the clerk's office of this court on 3/22/2022 (date).

Name of Alleged Transferor

**THE BANK OF NEW YORK
MELLON c/o Bayview Loan
Servicing, LLC**

Address of Alleged Transferor:

**THE BANK OF NEW YORK
MELLON c/o Bayview Loan
Servicing, LLC
4425 Ponce De Leon Blvd., 5th Floor
Coral Gables, FL 33146**

Name of Transferee

The Bank of New York Mellon

Address of Transferee:

**Shellpoint Mortgage Servicing
P.O. Box 10826 Greenville
Greenville, SC 29603-0675**

~~DEADLINE TO OBJECT TO TRANSFER~~

The alleged transferor of the claim is hereby notified that objections must be filed with the court within twenty-one (21) days of the mailing of this notice. If no objection is timely received by the court, the transferee will be substituted as the original claimant without further order of the court.

Date: _____

CLERK OF THE COURT

B-2100A (Form 2100A)(12/15)

**UNITED STATES BANKRUPTCY COURT
FOR THE Main District of NEW JERSEY**

IN RE:

SHAMSUN N HELALY

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CASE NO.
18-24293-MBK
Chapter 13

TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

The Bank of New York Mellon

Name of Transferee

THE BANK OF NEW YORK MELLON c/o Bayview
Loan Servicing, LLC

Name of Transferor

Name and Address where notices to transferee should
be sent:

Shellpoint Mortgage Servicing
P.O. Box 10826 Greenville
Greenville, SC 29603-0675

Court Claim # (if known): 5
Amount of Claim: \$ 933108.73
Date Claim Filed: 9/20/2018

Phone: (800)365-7107
Last Four Digits of Acct #:_1442

Phone: (800) 643-0202
Last Four Digits of Acct.#:_5190

Name and Address where transferee payments should
be sent (if different from above):

Phone:
Last Four Digits of Acct #:

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: /s/ Larry Yip

Date: 3/22/2022

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 3571.

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CERTIFICATE OF SERVICE OF TRANSFER OF CLAIM

I hereby certify that a true and correct copy of the foregoing document has been served upon the following parties in interest on or before 3/22/2022 via electronic notice unless otherwise stated:

Debtor *Via U.S. Mail*

SHAMSUN N HELALY
86 Wild Azalea Ln
Skillman, NJ 08558-2422

Debtors' Attorney

ROBERT C. NISENSEN
ROBERT C. NISENSEN, LLC
10 Auer Ct Ste E
East Brunswick, NJ 08816-5848

Chapter 13 Trustee

ALBERT RUSSO
CN 4853
TRENTON, NJ 08650-4853

Respectfully Submitted,

/s/ Rory Liebhart
Rory Liebhart